

# REQUEST FOR EXTENSION OF AWAITING PLACEMENT IN RESIDENTIAL CARE

**Please complete & fax form at least 5 days before the classification runs out to allow time for processing. Fax : (207) 287-9229 Attn: Ellen Field**

Date of RENEWAL request: \_\_\_\_\_ Date current APRC expires: \_\_\_\_\_

Facility name and address:

\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Person completing form: \_\_\_\_\_

Resident's name \_\_\_\_\_ and MaineCare number: \_\_\_\_\_

Does the resident have a legal guardian or some other family member who should also be notified of the Awaiting Placement in Residential Care determination? If so:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**In-home services update:** How could the resident be safely discharged to his/her home or apartment or other non-institutional setting? Please explain services that would be needed/ programs that might be accessed/ contacts you have made with appropriate agencies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Most recent contacts with appropriate residential care facilities within a 30-mile radius:**

**Facility name:**

Address:

Phone # \_\_\_\_\_ Contact person at facility: \_\_\_\_\_

Date (s) facility was contacted:

What type of resident do they serve?

Do they have any vacancies?

Is your client on their waiting list? ☐ yes ☐ no Est. time to reach the top of the list:

**continued on next page**

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What type of resident do they serve?

Do they have any vacancies?

Is your client on their waiting list? ☐ yes ☐ no Est. time to reach the top of the list:**Any other relevant new information since previous APRC request was submitted?**

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